

But in this I consider quinia one of the best cholagogues we have, not immediately, but secondarily. In every case, as soon as the fever was broken up, all the secretions, including that of the liver, at once commenced to flow.

My first case occurred in the mountains, where the weather is always cool, remote from any malarious district, and was very prevalent in 1859, the first year of my Territorial residence, and practitioners of that early day informed me that it could not be cut short, though they acknowledged they never pushed quinia beyond an ordinary dose. By the time I met my first case (narrated above) it had become very rare in that region. Doubtless it depended at an early day on the exposure and insufficient diet of our mining community, and, I think, would have yielded to large doses of quinia (from sixty to eighty grains), if any one had had the nerve to administer it.

Fort Lyon, as I have stated, is located favourably for miasmatic fevers, and I anticipated those affections on my arrival, and they came.

The question is in this country, Is it purely miasmatic fever, or a modified typhoid? I had been taught by my pioneer brethren that it was typhoid, without the enteric symptoms. But, accepting Prof. George B. Wood's theory that typhoid is enteric fever, and that typhoid dependent on ulceration of the glands along the track of the small intestines, which is undoubtedly the true state of affairs, and that typhoid without it is not typhoid, I called mountain fever continued miasmatic, and if miasmatic, it must yield to quinia if pushed to the degree corresponding to the malignancy of the type. It had been my habit, while practising in one of the Western States, to administer quinia in all bilious and remittent cases, with but little respect to the presence of fever, deeming that no contraindication to its use, as taught by most writers. I was taught to do so in my pupilage, by my preceptor, Dr. E. Penwell, a practitioner of undoubted skill; hence I had no hesitation in the administration of quinia in these malignant cases where a remission could not be obtained.

FORT GARLAND, C. T., Feb. 1865.

ART. IV.—*Pepsine Wine—a New Preparation.* By J. C. REEVE, M. D.,
Dayton, Ohio.

I AM desirous of laying before the profession my experience with a preparation which, although limited in the range of its application, is of no insignificant value among our means of combating disease. It was first proposed by Dr. Geo. Ellis, of Dublin, in the *Medical Times and Gazette* for July, 1862, under the name of "rennet wine," a term for which I pro-

pose to substitute that given above as at once more appropriate and more scientific. It is a vinous infusion of the calf's stomach, or rennet; such an infusion has been proposed before, but so little was known of it, and there being nowhere any definite instructions for making it, this may justly be called a new preparation. The peptic principle of the gastric juice is its active agent; who first proposed using this product of the animal economy as a medicine it is impossible to say (*U. S. Disp.*, ed. 1865, pp. 1590-92), but its value as an aid to feeble digestion is substantiated by a large amount of respectable professional testimony, and has ever been a matter of popular observation. Pepsine itself has been for some time a standard remedy in European practice, but pepsine is the product of delicate chemical manipulation, and, so far as a remedy is concerned, cannot be obtained in this country out of the larger cities, and is unreliable when obtained. This preparation it is, therefore, believed will supply a desideratum by affording a cheap and convenient mode of obtaining and administering a valuable remedy, too little used because difficult to procure.

The medicine is easily prepared. A fresh rennet is obtained from the butcher, cut up into small pieces, and put into a pint of good sherry wine; after maceration for two weeks it may be strained off, and is ready for use. A ready test of its strength is to stir a teaspoonful into a teacupful of milk warmed to blood heat; this it should turn to the consistence of blanc mange.

The influence of pepsine in promoting digestion being granted or proved, the cases in which this wine will be beneficial are clearly indicated. Cases of feeble digestion depending upon debility of the stomach, this debility being either constitutional or the result of protracted and exhausting diseases, are particularly fitted for the use of the remedy. Dr. Ellis, the originator, recommends it for dyspepsia, apparently giving it without any selection of cases in regard to character or pathological conditions, and there is no doubt that it will yet take its place among the standard remedies for this obstinate and distressing complaint. He states his experience with it as having been very considerable and his confidence in it great. He has also used it with good effect for offensive odour of the breath in young persons. In one case cod-liver oil was tolerated and digested by its aid which could not be taken before. Another physician writes to the same journal of the benefit he derived from it in obstinate attacks of gastralgia, to which he was subject.

My own experience with the preparation extends over more than two years, and I have prescribed it pretty freely. My opportunities for using it in pure dyspepsia have not been numerous, but it has not disappointed me of affording relief in a single instance of the kind. For weak and anaemic females, with whom the stomach partakes of the general feebleness of the body, and lacks the power to digest the nutriment so much needed, I have found a teaspoonful of the pepsine wine taken after each meal a most excel-

lent remedy. The most striking benefit I have yet seen from it in adults was the case of a young lady who came under my care in an extremely feeble and emaciated condition, the result of a severe attack of typhoid fever. So great was the weakness and irritability of her stomach that the most carefully selected and prepared food could not be borne; a single spoonful of beef-essence, given ice-cold, almost constantly produced vomiting. The usual remedies for such a condition had been exhausted without effect when I recommended half a teaspoonful of the wine after every spoonful of food. The effect was marked and striking, and the agency of the medicine proved to the satisfaction of all by attempts to intermit its use.

But it has rendered me the most service in a class of cases which yield to none in the anxiety they cause to the physician, or the demand they sometimes make upon him for every means which he can call to his aid. I allude to cases of "summer complaint" in children, especially chronic cases, where the little sufferer is worn down by constant discharges, the digestive organs are enfeebled, and reject the most carefully prepared food, or are unable longer to digest enough to support the drain—a fatal termination following as much from debility and want of nourishment as from disease. Every practitioner meets with such cases; in our large cities, during the summer season, they are numerous enough—the trial of physicians and the affliction of patients. "In such cases the debility of the stomach is kept up by the want of due nutrition of the organ, originating in its own defective function; and it has, therefore, no power of recovering its healthy condition. Artificial digestion supplies the deficient nutriment, and the stomach, being now duly nourished, resumes its proper function." In such cases I have followed every administration of food with a dose of the wine varying from ten drops to half a teaspoonful or a teaspoonful according to the age of the patient, and I can say, without exaggeration, that I have seen more benefit result from its use than from all other remedies singly or combined. The vomiting has ceased, the diarrhoea become modified, apparently from supplying the system with nutriment.

There is another class of patients often brought under the care of the physician, for whom this wine is an excellent remedy. They are not suffering so much from disease as needing assistance in a struggle for life. Infants depending wholly or in part upon artificial food for their nourishment, frequently do not thrive, and require much care on the part of the physician, as well as the nurse, to bring them safely through the first two years of life. In such cases I have derived most valuable assistance from the use of pepsine wine as an aid to digestion. During last summer I had two babes under my care, neither of which had a drop of natural nourishment, and I fully believe neither of them would have been safely brought through the perils of a hot summer, tender age, and artificial food without the aid of this wine. To the young practitioner this may seem a matter of petty detail, but as he gains a more intimate acquaintance with the responsibilities

of his calling he will find that whatever will assist him in keeping unbroken the band of little ones in a household will be far from insignificant.

There is still another class of cases to which this remedy would seem, theoretically, well adapted, but in which I have had no opportunity of testing its powers. In the chronic diarrhoea of our army hospitals, the pathological conditions would seem so similar that I cannot doubt great benefit would result from its use. There seems to be the same demand for food rather than medicine, and the same inability of the digestive organs to prepare it for assimilation, these organs partaking of the same debility as the general system, and which is perpetuated by want of nutriment; once give power of digestion and the vicious train of morbid actions is broken and the cure almost assured.

I trust my testimony to the value of this simple medicine may be estimated sufficiently to induce a fair trial of its virtues, not only in army hospitals as above suggested, but by private practitioners. The coming hot weather will afford abundant opportunities, and if those who try it will publish the result of their observations they will render a service to some of their brethren, if not to science.

ART. V.—*Case of Fracture of Both Thighs.* By HEBERT SMITH, M. D.,
Assistant Surgeon U. S. Navy. (With a wood-cut.)

CHARLES D. MILLER, boatswain's mate, æt. 25, native of England, was admitted to the U. S. Naval Hospital, Pensacola, Florida, on the 19th September, 1864, with fracture of both thighs, caused by the falling of the smokestack of the U. S. Steamer Stockdale, three days before.

The fracture of the right thigh was very oblique at the junction of the upper and middle third, and complicated by a flesh wound on the outer side of the limb, not considered, at first, by the medical officer of the ship, as communicating, but which, upon further observation, was found to be in direct connection with the femur, proving that the fracture in that side was compound; on the left side the fracture was less oblique, and at the upper point of junction of the second with the middle fifth. There were numerous abrasions and contusions besides, particularly on the back, which latter embarrassed the position of the patient throughout the treatment. On admission he was found to be so comfortable upon a temporary double inclined plane, contrived on board the Stockdale, by Acting Assistant Surgeon T. M. Coan, U. S. Navy, that he was left undisturbed until some permanent apparatus could be substituted. On the 21st, two days after admission, a splint, devised by Fleet Surgeon James C. Palmer, and called by him a modification of "Smith's Anterior Splint," was applied. It